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CENTRAL FAX CENTER****JUL 28 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	William Leon Rugg	Examiner:	Clark, Jasmine Jhihan B.
Serial No.:	10/695,192	Group Art Unit:	2815
Filed:	October 28, 2003	Docket No.:	STL10946
Title:	MULTI FUNCTION PACKAGE		

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Mail Stop Issue Fee  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**37 CFR 1.312 AMENDMENT**

Dear Sir/Madam:

In response to the mailed Notice of Allowance for the present application, please amend the application as follows and consider the ensuing remarks.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/695,192	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>JUL 28 2005</b>
	Filing Date	October 28, 2003	
	First Named Inventor	William Leon Rugg	
	Art Unit	2815	
	Examiner Name	Jasmine Jhihan B. Clark	
Total Number of Pages in This Submission	26	Attorney Docket Number	STL10946

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Seagate Technology LLC	
Signature	<i>David K. Lucente</i>	
Printed name	David K. Lucente	
Date	7/28/05	Reg. No. 36,202

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Signature	<i>Zeina Smith</i>	
Typed or printed name	Zeina Smith	Date 07/28/2005

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